

STANDARD CERTIFICATE OF DEATH

D. R. Haley 25553
State File No.

No. 300
10.48
FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 Hunt</u>		d. STREET ADDRESS (If rural give location) <u>121 Hunt St</u> <u>0</u>	

3. NAME OF DECEASED a. (First) MARY b. (Middle) ANN c. (Last) SWAIN 4. DATE OF DEATH (Month) (Day) (Year) July 31 1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH June-1-1868 9. AGE (In years) (Months) (Days) (Hours) (Min.) 85 1 30

10a. USUAL OCCUPATION (Give kind of work doing most of working life when retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Fort Atkinson Iowa U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Evans 13b. MOTHER'S MAIDEN NAME Williams 14. NAME OF HUSBAND OR WIFE Jane Tea Swain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME L. Swain ADDRESS Brookfield Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>15 yrs -</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18. CAUSE OF DEATH (continued) 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 332 X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 20, 1947, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy B. Haley - M.D. 23b. ADDRESS Brookfield - Mo 23c. DATE SIGNED 8/1/53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 8-3-53 24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem 24d. LOCATION (City, town, or county) (State) Brookfield Mo

DATE REC'D BY LOCAL REG. 8-5-53 REGISTRAR'S SIGNATURE Nadine Stambach 25. FUNERAL DIRECTOR'S SIGNATURE J. H. Blacklocks ADDRESS Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0582

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.